

FILED SEP 7 1955		THE DIVISION OF HEALTH OF MISSOURI		STANDARD CERTIFICATE OF DEATH		State File No. _____	
BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3739</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (In this place) <u>1109 E 30th</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1109 E 30th</u>				e. STREET ADDRESS (If rural, give location) <u>1109 E 30th</u>			
3. NAME OF DECEASED (Type or Print) <u>Ida</u>		a. (First) <u>Ida</u>		b. (Middle) <u>Wane</u>		c. (Last) <u>Montgomery</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 23 1955</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dress-Maker</u>		8. DATE OF BIRTH <u>March 27-1868</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>87</u>	
11a. BIRTHPLACE (City and State or Foreign Country) <u>Warren Co. Illinois</u>		11b. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>J. W. Littlehales</u>		13b. MOTHER'S MAIDEN NAME <u>Mary S. Suttar</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased Montgomery</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Richardson Montgomery</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GENERAL INANITION</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>CHRONIC MALNUTRITION</u>  DUE TO (c) <u>SENILITY</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>28 1/2</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 29, 1955</u> , to <u>Aug.</u> , 1955, that I last saw the deceased alive on <u>8/16</u> , 1955, and that death occurred at <u>2:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Jay J. Carduff</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1220 E. 31st St.</u>		23c. DATE SIGNED <u>8/23/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-24-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-24-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u> ADDRESS <u>St. Joseph Mission</u>			

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John H. Adams

Licensed Embalmer No. 734

P. O. Address Tucson, Ariz.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.